

<i>SERFF Tracking Number:</i>	<i>UTCX-125361186</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>CMLAR09350CGF01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>Commercial Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>Commercial Multiple Lines/CMLAR09350CGF01</i>		

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company		
Product Name: Commercial Multiple Lines	SERFF Tr Num: UTCX-125361186	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: CMLAR09350CGF01	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 11/19/2007
	Date Submitted: 11/15/2007	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 02/01/2008

## General Information

Project Name: Commercial Multiple Lines	Status of Filing in Domicile: Not Filed
Project Number: CMLAR09350CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/19/2007	
State Status Changed: 11/19/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Our companies would like to implement a revision to our Free Mason Lodge Amendatory Endorsement. We have made editorial revisions to our endorsement so that it will track properly with ISO's current coverage forms. We also added a definition for the term "suspension." There is no premium change or change to the corresponding manual page as a result of this revision.

## Company and Contact

SERFF Tracking Number: UTCX-125361186 State: Arkansas

First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$50

Company Tracking Number: CMLAR09350CGF01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability

Product Name: Commercial Multiple Lines

Project Name/Number: Commercial Multiple Lines/CMLAR09350CGF01

### Filing Contact Information

Linda Lape, Senior State Filings Coordinator linda.lape@uticanational.com  
180 Genesee Street (315) 734-2098 [Phone]  
New Hartford, NY 13413 (315) 734-2252[FAX]

### Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

### Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000006915	\$50.00	11/14/2007

*SERFF Tracking Number:* UTCX-125361186 *State:* Arkansas  
*First Filing Company:* Utica Mutual Insurance Company, ... *State Tracking Number:* #? \$50  
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*TOI:* 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
*Product Name:* Commercial Multiple Lines  
*Project Name/Number:* Commercial Multiple Lines/CMLAR09350CGF01

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	11/19/2007	11/19/2007

SERFF Tracking Number:	UTCX-125361186	State:	Arkansas
First Filing Company:	Utica Mutual Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	CMLAR09350CGF01		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package
	Liability		
Product Name:	Commercial Multiple Lines		
Project Name/Number:	Commercial Multiple Lines/CMLAR09350CGF01		

## Disposition

Disposition Date: 11/19/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: UTCX-125361186 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$50  
 Company Tracking Number: CMLAR09350CGF01  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: Commercial Multiple Lines  
 Project Name/Number: Commercial Multiple Lines/CMLAR09350CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Free Mason Lodge Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: UTCX-125361186 State: Arkansas

First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$50

Company Tracking Number: CMLAR09350CGF01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Commercial Multiple Lines

Project Name/Number: Commercial Multiple Lines/CMLAR09350CGF01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Free Mason Lodge Amendatory Endorsement	8-E-1833	Ed. 11-2003	Endorsement Replaced/Amendment/Conditions	Replaced Form #:0.00 8-E-1833 Previous Filing #: Placed on file 11/01/1998		8-E-1833.PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FREE MASON LODGE AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

- I. The Limit of Insurance shown on the Commercial Property Coverage Part Declarations page for Building(s) is a combined limit. This combined limit applies to both Buildings and Your Business Personal Property usual to a lodge.

- II. The **Building and Personal Property Coverage Form** is amended as follows:

- A. The following is added to **Additional Coverages** under Section A. - **Coverage:**

### **EXTRA EXPENSE**

We will pay up to \$5,000 as an additional amount of insurance to cover Extra Expenses. Extra Expense means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property caused by or resulting from a Covered Cause of Loss.

1. We will pay any Extra Expense to avoid or minimize the "suspension" of business and to continue "operations";
  - a. At the described premises; or
  - b. At replacement premises or at temporary locations including:
    - (1) Relocation expenses; and
    - (2) Costs to equip and operate the replacement premises or temporary locations.
2. We will pay any Extra Expense to minimize the "suspension" of business if you cannot continue "operations".
3. We will pay any Extra Expense to:
  - a. Repair or replace any property; or
  - b. Research, replace, or restore the lost information on damaged valuable papers and records;to the extent it reduces the amount of loss that otherwise would have been payable under this Extra Expense coverage.

### **LOSS CONDITIONS FOR EXTRA EXPENSE**

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions.

#### **1. Appraisal**

If we and you disagree on the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

#### **2. Duties If You Incur Extra Expense**

- a. You must see that the following are done if you incur Extra Expense:
  - (1) Notify the police if a law may have been broken.
  - (2) Give us prompt notice of the direct physical loss or damage. Include a description of the property involved.
  - (3) As soon as possible, give us a description of how, when, and where the direct physical loss or damage occurred.

- (4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance.

However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.

- (5) As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.

Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.

- (6) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.

- (7) Cooperate with us in the investigation or settlement of the claim.

- (8) If you intend to continue your business, you must resume all or part of your "operations" as quickly as possible.

- b. We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

### **3. Loss Determination For Extra Expense**

The amount of Extra Expense will be determined based on:

- a. All expenses that exceed the normal operating expenses that would have been incurred by "operations" during the "period of restoration" if no direct physical loss or damage had occurred. We will deduct from the total of such expenses:

- (1) The salvage value that remains of any property bought for temporary use during the "period of restoration," once "operations" are resumed; and  
(2) Any Extra Expense that is paid for by any other insurance that is written subject to the same plan, terms, conditions, and provisions as this insurance; and

- b. All necessary expenses that reduce the Extra Expense otherwise incurred.

### **4. Loss Payment For Extra Expense**

We will pay for any loss within 30 days after we receive the proof of loss, if you have complied with all of the terms of this Coverage Part and:

- a. We reach agreement with you on the amount of loss; or  
b. An appraisal award has been made.

### **5. Resumption of Operations**

We will reduce the amount of your Extra Expense loss to the extent you can return "operations" to normal and discontinue such Extra Expense.

If you do not resume "operations", or do not resume "operations" as quickly as possible, we will pay based on the length of time it would have taken to resume "operations" as quickly as possible.

### **DEFINITIONS FOR EXTRA EXPENSE**

1. "Operations" means your business activities occurring at the described premises.  
2. "Period of Restoration" means the period of time that:  
a. Begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described premises; and  
b. Ends on the earlier of:  
(1) The date when the property at the described premises should be repaired, rebuilt, or replaced with reasonable speed and similar quality; or



- (2) The date when business is resumed at a new permanent location.

"Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:

- (1) Regulates the construction, use, or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

The expiration date of this policy will not cut short the "period of restoration".

3. "Suspension" means the slowdown or cessation of your business activities.

**B. The following changes apply to Coverage Extensions under Section A. - Coverage:**

- (1) The **Period Of Coverage** provision under **Newly Acquired or Constructed Property** that addresses the number of days that must expire after you acquire the property or begin construction of that part of the building that would qualify as covered property is revised to allow 90 days coverage.
- (2) The most we will pay under **Personal Effects and Property of Others** is revised to \$10,000 at each described premises.
- (3) The most we will pay under **Valuable Papers And Records (Other Than Electronic Data)** is revised to \$10,000 at each described premises.
- (4) The most we will pay under **Outdoor Property** is revised to provide a total limit of \$2,500, but only for outdoor fences, lodge signs (other than signs attached to buildings), trees, shrubs, and plants. The limit for any one tree, shrub, or plant is revised to \$500.

Only for outdoor fences and lodge signs (other than signs attached to buildings):

- (a) We will pay for any Covered Cause of Loss which applies to the Building and Personal Property Coverage Form without restriction to the five causes of loss listed under **Outdoor Property**; and
- (b) No deductible applies to loss or damage to outdoor fences or lodge signs under this coverage extension.

**C. The following are added to Coverage Extensions under Section A. - Coverage of the Building and Personal Property Coverage Form:**

**(1) Appurtenant Structures**

You may extend the insurance that applies to Building to apply to appurtenant structures, on or within 100 feet of the described premises, used by you in connection with the described premises, and not covered by other insurance. The most we will pay for loss or damage under this extension is \$5,000. This extension does not apply to business property.

**(2) Extended Property Off - Premises**

You may extend the insurance provided by this Coverage Form to apply to Your Business Personal Property that is at a location, other than the main lodge location, which is owned, leased, or operated by you.

The most we will pay for loss or damage under this Extension is \$5,000.

**(3) Limited Water Damage**

You may extend the insurance that applies to Your Business Personal Property for the following additional Covered Causes of Loss:

- (a) Continuous or repeated seepage or leakage of water except through faulty roof coverings, flashings, or shingles;
- (b) Water that backs up from a sewer or drain; or
- (c) Rain, snow, ice, or sleet to Your Business Personal Property in the open.

We will not pay for loss or damage caused by or resulting from continuous or repeated seepage or leakage of water that occurs over a period of 14 days or more.

With respect to loss due to (b) above:

- (i) If any excluded cause or event contributes concurrently or in any sequence to such loss, we will not pay for the loss caused directly or indirectly by such excluded cause or event under this Coverage Extension; and
- (ii) To the extent that a part of the Water Exclusion in the Causes of Loss Form applicable to this coverage part conflicts with coverage provided by this Extension, that part of the Water Exclusion does not apply.

This Extension only applies to direct physical loss or damage covered by the Building and Personal Property Coverage Form.

The most we will pay for loss or damage under this Extension is \$15,000.

**(4) Property In Transit**

You may extend the insurance provided by this Coverage Form for Your Business Personal Property to apply to your personal property (other than property in the care, custody, or control of your salespersons) in transit more than 100 feet from the described premises. Property must be in or on a motor vehicle you own, lease, or operate while between points in the coverage territory.

Loss or damage must be caused by or result from one of the following causes of loss:

- (a)** Fire, lightning, explosion, windstorm or hail, riot or civil commotion, or vandalism.
- (b)** Vehicle collision, upset, or overturn. Collision means accidental contact of your vehicle with another vehicle or object. It does not mean your vehicle's contact with the road bed.
- (c)** Theft of an entire bale, case, or package by forced entry into a securely locked body or compartment of the vehicle. There must be visible marks of the forced entry.

The most we will pay for loss or damage under this Extension is \$10,000.

This Coverage Extension replaces the Coverage Extension for Property in Transit under the Causes of Loss - Special Form, if attached to this Coverage Part.

**III. Under the Commercial General Liability Coverage Form:**

**A. WHO IS AN INSURED** is amended to include the following as insureds:

- 1. Any of your members, but only with respect to their liability for your activities or activities they perform on your behalf.
- 2. Any trustee, official, or member of the board of governors, but only with respect to their duties as such.
- 3. Any person(s) who are volunteer worker(s) for you, but only while acting at your direction and within the scope of their duties. However, no volunteer is an insured for:

**a. "Bodily Injury" to:**

- (1)** A co-volunteer or your employee arising out of and in the course of their duties for you; or
- (2)** You, or if you are a partnership or joint venture, any partner or member thereof.

**b. "Property damage" to property:**

- (1)** Owned, occupied or used by;
- (2)** Rented to, in the care, custody, or control of, or over which physical control is being exercised for any purpose by:
  - (a)** A co-volunteer or your employee; or
  - (b)** You, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

**B. Exclusion a. under COVERAGE C, MEDICAL PAYMENTS,** is replaced by the following:

- a.** To any insured, except lodge members or volunteer workers who are not paid a fee, salary, or other compensation.

<i>SERFF Tracking Number:</i>	<i>UTCX-125361186</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CMLAR09350CGF01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Commercial Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>Commercial Multiple Lines/CMLAR09350CGF01</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UTCX-125361186 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: CMLAR09350CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Commercial Multiple Lines  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Approved 11/19/2007

**Comments:**  
**Attachments:**  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

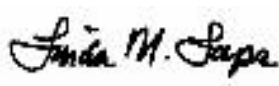
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Utica National Insurance Group				<b>Group NAIC #</b>	0201
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

<b>5. Company Tracking Number</b>	CMLAR09350CGF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Linda M. Lape, MSM, CPCU 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2098	315-734-2252	linda.lape@uticanational. com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Linda M. Lape, MSM, CPCU			

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	05.0 Commercial Multi-Peril - Liability & Non-Liability			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	05.0003 Commercial Package			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>	Free Mason Lodge Amendatory Endorsement Revision			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	02/01/2008	Renewal:	02/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	11/15/2007			
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

**Property & Casualty Transmittal Document**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CMLAR09350CGF01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Our companies would like to implement a revision to our Free Mason Lodge Amendatory Endorsement. We have made editorial revisions to our endorsement so that it will track properly with ISO's current coverage forms. We also added a definition for the term "suspension." There is no premium change or change to the corresponding manual page as a result of this revision.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> 0000006915 <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CMLAR09350CGF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Free Mason Lodge Amendatory Endorsement	8-E-1833 Ed. 11- 2003	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-E-1833	Placed on file 11/01/1998
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		